

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Cedar Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 White Columns Drive Rolla, MO 65401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for two residents (Resident #1 and #2) out of five sampled residents. The facility census was 64.</p> <p>1. Review of facility's Care Planning Policy and Procedure policy, dated 01/17/24, showed facility staff are directed as follows:</p> <ul style="list-style-type: none"> -The facility's standard is to perform quality of care that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices; -To ensure individualized completion of the care plan, and family/resident participation in the resident's plan of care with admission, quarterly, annual update, and if there is a significant change of condition; -A care plan will be developed upon admission per the Centers for Medicare and Medicaid Services (CMS) guidelines. It will be updated quarterly, and annually per CMS guidelines to ensure that there is a continuity of care, and is in accordance with the individual's needs. Care plan will also be updated with a significant change of condition; <p>The care plan must be based upon the resident assessment, choices and advance directives, if any. As the resident's status changes, the facility, attending practitioner and the resident representative, to the extent possible, must review and/or revise care plan goals and treatment choices.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 01/04/25, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Physical and verbal behavioral symptoms directed toward others occurred one to three days during the look back period; -Did not exhibit wandering behaviors during the look back period. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, dated 09/18/24, showed it did not contain documentation the resident had behaviors of wandering or physical aggression towards other residents.</p> <p>Review of the facility's investigation report, dated 12/31/24, showed the resident wandered into another resident's room, yelled at another resident, then pulled the other resident's hair and hit him/her in the head.</p> <p>Review of the facility's investigation report, dated 01/22/25, showed the resident hit another resident in the arm multiple times.</p> <p>During an interview on 01/23/25 at 10:07 A.M., Certified Medical Technician (CMT) A said the resident had a history of wandering and aggression towards other resident's. He/She said he/she did review other resident's care plans, but did not review Resident #1's care plan yet. He/She said he/she was educated to redirect the resident.</p> <p>During an interview on 01/23/25 at 10:20 A.M., Certified Nurse Aide (CNA) B said the resident has a history of wandering and aggression towards other residents. He/She said staff are educated to redirect to watch a tv show or another activity.</p> <p>During an interview on 01/23/25 at 10:28 A.M., Licensed Practical Nurse (LPN) C said the resident did have a history of wandering and physical aggression towards others. He/She believed the interventions were listed in the resident's care plan.</p> <p>During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said the resident did have physical aggression towards other residents and wandering. He/She said he/she did not add the interventions to the care plan, even though the resident had behaviors of wandering and physical aggression. He/She said he/she just added interventions to the resident care plan.</p> <p>3. Review of Resident #2's Annual MDS, dated [DATE], showed staff assessed the resident as severely cognitively impaired and wandering behavior occurred four to six days during the look back period.</p> <p>Review of the resident's care plan, dated 10/16/24, showed it did not contain documentation the resident had behaviors of wandering or physical aggression towards other residents.</p> <p>Observation on 01/23/25 at 9:56 A.M., showed Resident #2 wandered into Resident #1's room laid in Resident #1 bed.</p> <p>Observation on 01/23/25 at 10:16 A.M., showed a staff member assisted Resident #2 out of Resident #1's room.</p> <p>During an interview on 01/23/25 at 10:20 A.M., CNA B said the resident did have a history of wandering and staff are educated to redirect the resident.</p> <p>During an interview on 01/23/25 at 10:07 A.M., CMT said the resident did have a history of wandering and staff were directed to redirect the resident. He/She said the purpose of the care plan was to provide care and safety measure for the resident.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/23/25 at 10:28 A.M., LPN C said staff are educated to redirect the resident if he/she was wandering or becoming aggressive. He/She said the resident had a history of wandering, but had not noticed the resident wandering into other resident's rooms.</p> <p>During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said he/she did not know the resident wandered. He/She said staff meet daily to discuss resident behaviors or changes.</p> <p>4. During an interview on 01/23/25 at 10:28 A.M., LPN C said he/she would expect to see behaviors of wandering or physical aggression towards others addressed in the care plan by the Care Plan Coordinator.</p> <p>During an interview on 01/23/25 at 11:16 a.m., the Care Plan Coordinator said he/she updated care plans quarterly, when a resident had a change and new interventions were added to the care plan. He/She said the purpose of the care plan was to provide staff with direction to they type of care the resident required. He/She said if a resident had behaviors, including wandering or aggressive behaviors towards other residents, it should be added to the care plan.</p> <p>During an interview on 01/29/25 at 11:27 A.M., the administrator said the Care Plan Coordinator was responsible to update the care plans. He/She said staff discuss changes in resident conditions daily during meetings. He/She said the purpose of the care plan was to provide staff with direction to meet the resident needs. He/She said if the care plans were correct, then the concern is the staff may not be able to provide person centered care. He/She said staff were conducting random audits, but not currently. He/She said behaviors of wandering and aggression towards other resident's should be addressed in the care plan.</p> <p>During an interview on 01/29/25 at 11:28 A.M., the Director of Nursing (DON) said the purpose of the care plan was to provide staff with direction to meet the resident needs. He/She said if the care plans were correct, then the concern is the staff may not be able to provide person-centered care. He/She said behaviors of wandering and aggression towards other resident's should be addressed in the care plan. He/She said the Care Plan Coordinator was responsible to update the care plans. He/She said staff discuss changes in resident conditions daily during meetings. He/She said staff were conducting random audits, but not currently.</p> <p>MO00248408</p>		